



Dan Bucks
Director

Montana Department of Revenue

RECEIVED



Brian Schweitzer
Governor

NOV 24 2008

Ravalli County Commissioners

November 18, 2008

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RE: Application for Transfer of Ownership of Montana All-Alcoholic Beverages License No. 13-999-6431-001, THE NAUGHTY MOOSE (formerly Rams Head Saloon & Fine Dining), 5288 US Hwy 93, Conner, Ravalli County, Montana

The above referenced application was received at the Department of Revenue, Liquor Licensing. Notice is being provided to you to give you an opportunity to advise if the applicant and premises meet all the laws and ordinances your office is responsible for regulating. We will be happy to provide any additional information that is needed.

Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by **December 19, 2008**. If we receive a determination of a local deficiency, the license application process cannot be completed until the issue is cleared up at the local level. In addition, if we receive a written protest against the issuance of this license, a public hearing will be scheduled. If no response is received, it will be assumed there are no problems that would affect the issuance of a license.

If you have any questions, please call (406) 444-0717.

Sincerely,

Jason R. Lay
Compliance Specialist
Department of Revenue
Liquor Licensing
P O Box 1712
Helena MT 59624-1712

c: Annette Rinehart, Department of Labor & Industry

CERTIFICATE OF SERVICE

I certify that on this 18th day of November, 2008, a true and correct copy of the foregoing has been served by placing same in the United States mail, postage prepaid, and addressed as follows:

RAVALLI COUNTY COMMISSIONERS
COURTHOUSE
205 BEDFORD ST #5001
HAMILTON MT 59840

RAVALLI COUNTY ATTORNEY
GEORGE CORN
COURTHOUSE
205 BEDFORD ST. #5008
HAMILTON MT 59840

RAVALLI COUNTY SANITARIAN
215 S 4TH ST STE D
HAMILTON MT 59840

RAVALLI COUNTY SHERIFF
PERRY JOHNSON
205 BEDFORD ST #5022
HAMILTON MT 59840

ADMINISTRATIVE ASSISTANT
FIRE PREVENTION AND INVESTIGATION BUREAU
303 NORTH ROBERTS BOX 201415
HELENA MT 59620-1417

KEITH FLETCHER, SUPERVISOR
BUILDING STANDARDS SECTION
BUILDING CODES SECTION
PO BOX 200517
HELENA MT 59620-0517



Check the Appropriate Boxes to Designate the Purpose of this Application

Alcoholic Beverage

- ☐ New Alcoholic Beverage License Application
- ☒ Existing Alcoholic Beverage License; Transfer of Ownership Application
- ☐ Existing Alcoholic Beverage License; Corporate Structure Change
- ☐ Existing Alcoholic Beverage License; Transfer of Location Application
- ☐ Existing Alcoholic Beverage License; Death of Licensee

Designate the Type of License of Your Application:

- ☐ On-Premises Beer
- ☐ On-Premises Beer/Wine
- ☒ All-Beverage
- ☐ Restaurant Beer/Wine
- ☐ Resort License

Gambling

An ownership interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.

An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.

☒ New Gambling

☐ New Gambling - No Alcoholic Beverage License is Required for Live Keno/Bingo.

☐ Amended Gambling License Application (Note: No fee is required for this application)

- | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Existing Gambling License Change Among Existing Corporate Shareholder(s) | <input type="checkbox"/> Existing Gambling License Deletion of Owner(s) |
| <input type="checkbox"/> Existing Gambling License Change Among Existing Partners or LLC/LLP Members | <input type="checkbox"/> Existing Gambling Location Change Application |
| | <input type="checkbox"/> Existing Gambling License Type Change Application |
| | <input type="checkbox"/> Other (Explain) _____ |

Section I

General Information

Print or Type

Name of Applicant Naughty Moose, LLC

(Owning entity such as Sole Proprietor/Partnerships/Corp./LLC/LLP)

Business/Trade Name The Naughty Moose

(An assumed business name must be filed with the Secretary of State and verification provided.)

Mailing Address 131 Dick Creek Trail, Sula, Montana 59871

(P.O. Box or Street)

Address of Premises to be Licensed 5288 U.S. Highway 93

(Street, Suite No., Building No.)

City Conner State MT Zip 59827

Business Phone (406) 821-3388 Cell Phone (406) 214-1661

Fax ()

Federal Tax I.D. Number ☐ Check if applied for but not yet received.

Alcohol Beverage License Number 13 999 6431 001

(N/A if not applicable)

Are the premises for licensing located:

- ☐ Within the boundaries of an incorporated city/town (Gambling Licensing.)
- ☐ Within a distance of five miles of an incorporated city/town (Alcoholic Beverage Licensing.)
- ☒ Within an unincorporated city/town or outside the boundaries of and more than five miles distance from any city/town whether incorporated or unincorporated (Alcoholic Beverage Licensing.)

Conner In County of Ravalli

City Name

County Name

C. Provide the information requested below for each: Check appropriate box (Use additional paper if necessary)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Person(s) holding an option to purchase the business or any interest in the business |
| <input type="checkbox"/> General or <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Liability Company (Member of...) | <input type="checkbox"/> Check this box if ownership in the alcoholic beverage license is also held as Joint Tenants with Rights of Survivorship (JTROS) or Tenants in Common (TEN COM) and make certain each individual with rights of survivorship or common are listed below. |
| <input type="checkbox"/> Officer of a Corporation | <input type="checkbox"/> JTROS or <input type="checkbox"/> TEN COM |
| <input type="checkbox"/> Director of a Corporation | |
| <input type="checkbox"/> Shareholder of a Corporation | |
| <input type="checkbox"/> Shareholder owning 5% or more of the stock of a publicly traded corporation | |
| <input type="checkbox"/> Person(s) and/or committee managing the gambling activity under a 28 U.S.C. 501 (c)(3), (c)(4), (8) or (c)(19) organization | |

Name (First, M.I., Last)	Christy S. Thompson	Title	Member
Date of Birth	9/9/58	Social Security No.	Number of Shares n/a
Address	131 Dick Creek Trail, Sula, MT 59871	Percentage of Ownership	50%
Name (First, M.I., Last)	Daniel K. Donley	Title	Member
Date of Birth	9/30/81	Social Security No.	Number of Shares n/a
Address	131 Dick Creek Trail, Sula, MT 59871	Percentage of Ownership	50%
Name (First, M.I., Last)		Title	
Date of Birth		Social Security No.	Number of Shares
Address		Percentage of Ownership	

Note: Each individual listed above must submit with this application a Personal/Criminal History Statement (Form 10) and a completed Fingerprint Card and fee. Use additional sheet of paper if necessary.

I hereby request smoking exception and affirm that 60% of the revenue generated by this business will be from the sale of alcoholic beverages and/or gambling. ☐ Yes I do not request smoking exception. ☒ No

D. Charitable, Religious, Veterans' or Fraternal Organization

If the applicant is a charitable, religious, veterans' or fraternal organization, complete the following information.

If not applicable indicate: ☒ N/A

Date qualified for exemption under 28 U.S.C. 501 (c)(3), (c)(4), (c)(8) or (c)(19):

Month _____ Day _____ Year _____

Date local charter issued or post organized:

Month _____ Day _____ Year _____

Has national organization been in existence for a period of five years prior to January 1, 1949? ☐ Yes ☐ No

Provide Address of National Headquarters:

Street Address _____

City _____ State _____ Zip _____

A copy of your organization or post charter must accompany this application.

Location of Gambling Premises:

Street Address _____

City _____ State _____ Zip _____

How many days, per year, is gambling conducted at this location? _____ Days

C. Is the premises within any defined zones:

1. Where the sale of alcoholic beverages is restricted by city or county zoning ordinance?
☐ Yes ☒ No
2. Where gambling is restricted by city or county zoning ordinance?
☐ Yes ☒ No

D. Is the building ready for use for an alcoholic beverage business: ☒ Yes ☐ No

1. Is this a newly constructed premises?
☐ Yes ☒ No If Yes, indicate an estimated date of occupancy _____
2. Is this a remodel of an existing premises?
☐ Yes ☒ No If Yes, indicate an estimated date of completion _____

E. Submit a copy of the floor plan area to be licensed, using approximate dimensional measurements, including external dimensions and general layout – on an 8-1/2" x 11" sheet of paper and number of tables and chairs indicated. If you are applying for a restaurant beer and wine license, be sure the floor plan has the service bar area clearly designated thereon.

Note: On the floor plan you will need to clearly mark the areas where alcohol will be served, stored and consumed. The floor plan must contain outside dimensions, the name of the establishment, physical address, alcoholic beverage license number (if applicable) and date of submittal.

Section VII

RECEIVED BY

OCT 8 0 2008

Declaration and Authorization

GAMBLING CONTROL DIVISION

APPLICANT'S FORMAL DECLARATION AND AUTHORIZATION
FOR EXAMINATION AND RELEASE OF INFORMATION

I, Naughty Moose, LLC, hereby declare under the penalty of law and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation making this application and that I have examined the application, including any accompanying information, and that the responses provided herein are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

I further authorize a full review, disclosure and release to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division, of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling and/or liquor licensure, whether the records are of a public, private, or confidential nature.

SIGNATURE

Christy Thompson

PRINT FULL NAME

Christy Thompson

TITLE/POSITION

member

DATE

10/17/08

This application must be completed in full, and all requested attachments must accompany it.
Delay, denial or the return of the application will result if incomplete.

Additional Information May Be Required During the
Investigation of Your License Application.

The Naughty Moose
Applicant: Naughty Moose, LLC
Lic. No. 13-999-6431-001
Address of Premises: 5390 Highway 93, Conner, MT 59827
Date of Submission: 10/20/2008

